

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$3,136.00 for date of service 12/19/01?
b. The request was received on 02/11/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60 and Letter Requesting Dispute Resolution
 - b. HCFA(s)
 - c. EOB/TWCC 62 forms/Medical Audit summary
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution dated 04/23/02
 - b. HCFA(s)
 - c. Medical Audit summary/EOB/TWCC 62 form
 - d. Medical Records
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g) (3), the Division forwarded a copy of the requestor's 14 day response to the insurance carrier on 04/09/02. Per Rule 133.307 (g) (4), the carrier representative signed for the copy on 04/11/02. The response from the insurance carrier was received in the Division on 04/24/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Notice of Medical Dispute is reflected as Exhibit III of the Commission's case file.

III. PARTIES' POSITIONS

1. Requestor:
 - a. "The primary procedure billed is 29888 underlined on op report. 29888 should be reimbursed at 100% per fee guideline. We expect to be reimbursed in the amount of \$3,136.00 for 29888. The 1994 global service data book was in effect when the 1996 fee guide was adopted and has not been changed."

2. Respondent:

- a. “It is the carrier’s position that the service provided and charged for on 12/19/01 under CPT Code 29888 does not meet the description provided under the Medical Fee Guidelines for CPT Code 29888. The service actually provided was thermal shrinkage of the anterior cruciate ligament (ACL). CPT code 29888 requires transplantation of an autograft or allograft to replace the anterior cruciate ligament. The thermal shrinkage is not as clinically intense nor does it involve the complexity of an open repair of the ACL.” The carrier denies additional reimbursement in the amount of \$3,136.00 for the date of service 12/19/01.

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 12/19/01.
2. The Carrier’s denial on the submitted EOB is 122-“Documentation does not meet the criteria for use of this CPT code.”
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS (Maximum Allowable Reimbursement)	REFERENCE	RATIONALE:
12/19/01	29888	\$3,300.00	\$0.00	122-N	\$3,136.00	CPT descriptor	Medical documentation does not support the CPT descriptor that was billed. The anterior cruciate ligament of the knee in the medical documentation does not indicate a repair, augmentation, or reconstruction. It does mention that electrothermal technique was used to tighten up the cruciate ligament. This technique does not fit the CPT descriptor billed. Therefore, additional reimbursement is not recommended
Total		\$3,300.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 29th day of May 2002.

Michael Bucklin, LVN
Medical Dispute Resolution Officer
Medical Review Division

MB/mb

This document is signed under the authority delegated to me by Richard Reynolds, Executive Director, pursuant to the Texas Workers’ Compensation Act, Texas Labor Code Sections 402.041 - 402.042 and re-delegated by Virginia May, Deputy Executive Director.